

**Day and Residential Youth Camps
Health Supervision and Medication Administration
Frequently Asked Questions**

A. Health Supervision

1. Who can act as a Health Supervisor in a camp?

A Maryland licensed physician (MD), certified registered nurse practitioner (CRNP), and registered nurse (RN) can serve as a Health Supervisor in a youth camp.

2. How does one find a Health Supervisor?

The owner/operator of the day or residential youth camp can do a number of things to attract a Health Supervisor including advertising in the area local newspaper where the camp is operating. In addition, one could search the Maryland Board of Nursing (MBON) web page for a RN known as a case manager/delegating nurse who is authorized to teach the Medication Technician Training Program. RNs who work in school health can frequently serve in the Health Supervisor position. This RN is also authorized to delegate and supervise the Certified Medication Technician (CMT). For a viewing of these RNs, please see the MBON web page at www.mbon.org, click on Nursing Practice and Regulations, then click on Registered Nurse Case Manager/Delegating Nurses Approved to Teach the 20-hr Medication Technician Training Program in School Health (MSDE) and Department of Juvenile Services (DJS) effective 2005.

3. Is a Health Supervisor required on-site at the camp?

The youth camp regulations (COMAR 10.16.06.23) only require a Health Supervisor on-site at camp when 50% or more of the campers have identified medical problems, such as asthma, cancer, diabetes, or epilepsy. Otherwise, a camp Health Supervisor must be available for consultation at all times when campers are present at camp. When the Health Supervisor is available for consultation and not on-site at the camp, the Department

recommends that the Health Supervisor train camp staff during orientation. In addition, the Department recommends that the Health Supervisor, who is not on-site, (and instead consulting and delegating) performs an on-site visit at the beginning of camp to determine if the camp staff are knowledgeable and are implementing appropriate health procedures.

If the Health Supervisor is a CRNP or RN, the CRNP or RN may only delegate medication administration to a competent person with the certification listed in B2.

Therefore, the CRNP or RN must do an on-site visit at the beginning of camp to assure competency of camp staff that are performing delegated nursing activities.

B. Administering Medications in a Youth Camp

1. Does both the day and residential youth camp need trained staff to administer medication?

If the day or residential camp is going to administer medications to campers, then yes, the camp must have trained staff at camp to administer medication.

2. Who can administer medication in a camp setting?

A Maryland licensed professional whose scope of practice includes Medication Administration, may administer medication in a camp setting. A Maryland licensed health professional may include a Physician (MD), Certified Registered Nurse Practitioner (CRNP), registered nurse (RN), and licensed practical nurse (LPN). In addition, the RN, as the case manager, can also delegate and supervise medication administration to the Certified Medication Technician (CMT) and the Certified Medicine Aide (CMA).

3. What is the difference between the CMT versus the CMA?

A Certified Medication Technician (CMT) is defined as an individual who completes a Maryland Board of Nursing (MBON) approved Medication Administration Training Program which is twenty (20) hours in length and who is certified by the MBON as a medication technician. An individual is not required to be a Certified Nursing Assistant

(CNA) to become a Medication Technician. The CMT can administer selected medications to individuals in the community based setting; including day and residential youth camps, when:

- A) A RN has delegated this function; and,
- B) The RN is available to supervise, instruct, and evaluate the CMT's performance.

The certified medicine aide (CMA) is an individual who is a CNA; has completed a MBON approved medicine aide-training program; and is certified as a CMA by the MBON.

The individual wanting to be trained as a CMA must be certified as a CNA, hold the additional certification of GNA, have specific work experience, and have the recommendation of the Director of Nursing to attend the MBON approved 60-hour medicine aide training program.

4. How do I verify that a new or potential employee is a CMT or CMA?

An individual's status as a CMT or CMA can be verified by utilizing the MBON's web page at www.mbon.org. To verify the status of an individual CMT go to the web page and then click on Medication Technician and follow the prompts. To verify the status of the CMA, click on Nursing Assistant Certification, then click on Verify CNA, and follow the prompts. You must have the individual's name and his/her certification number from the certification card issued to the individual by the MBON.

5. Can a LPN or EMT/Paramedic administer medication or delegate medication administration to a CMT or CMA?

The LPN may administer medications in the camp setting. However, the LPN may not delegate or supervise the CMT or CMA to administer medication in the camp setting.

The EMT may not administer medication or delegate medication administration or supervise others in medication administration in a camp. The EMT/paramedic is licensed to

provide care in the pre-hospital setting, e.g. an ambulance. The EMT/paramedic is eligible to be trained and certified as a CMT.

6. How many trained staff are necessary to administer medication at a camp?

A camp does not need to train all of its counselors to be certified as a CMT. However, a camp needs to train enough counselors to be certified as a CMT to accommodate unique camp variables including, but not limited to the: Health of the campers (e.g. campers with identified medical problems versus healthy children); Number of campers at camp; Length of time campers participate at camp (e.g. before and after camp programs or residential camp); Number of camp sessions (e.g. 5 days or 2 weeks); Camp activities (e.g. indoor or outdoor activities, on-site or off-site activities); and How large geographically is the camp (e.g. all campers are in one community center for 4 hours a day versus a 10 acre camp with physical outdoor activities such as hiking). The Health Supervisor should help to determine the number of trained staff necessary to administer medication at camp.

C. Self-Administration of Medication

1. What is self-administration of medication?

Self-administration of medication is when an individual who is cognitive capable, who has the ability to read, and has also developed the maturity necessary to be responsible for taking his or her own medication. Self-administration of medication includes the ability to read the pharmacy dispensed medication container, prepare the right medication for self consumption by selecting the right amount of medication at the right time to be taken by the right route (e.g. oral, subcutaneous injection etc.) as prescribed by the MD or CRNP.

2. How old must the camper be to self-administer medication?

Whether a child can self administer his/her own medication depends on the age of the child; maturity of the child; how much education and training the child has received in self

administration of medication and how much practice the child has had in self administering his/her own medication. Many times children 12 to 13 years of age can read well enough to select the right medication at the right time in the right dose and follow the directions on the medication container label. However, when campers self-administer medication, the camp must provide a responsible adult to observe and supervise the child in doing so.

The Department recommends that the Health Supervisor make the determination whether or not a camper can or cannot self-administer medication. The determination is reached only after a nursing assessment is completed. When a camper is permitted to self-administer medication, COMAR 10.16.06 requires the supervising adult to document when the dose is taken and the medication handled and stored properly.

D. General Questions

1. During a field trip, how are medications administered and handled?

Care should be taken to assure that medications taken on field trips are handled and stored according to the manufacturer's instructions. The CMT or CMA may not prepare or repack medication for field trips. Only the Health Supervisor can prepare medications for a field trip.

The Health Supervisor will determine how best to package the camper's medication, where it is to be kept, and what adult will administer the medication or supervise a camper in self-administration. The Health Supervisor must provide specific training to adults accompanying the campers on how best to manage administration of that medication during the trip.

2. Should the camp be concerned about allergic reactions to drugs or food?

Allergic reactions to insects, food, or drugs can be very mild to very severe. The camp, regardless of its purpose, should always be prepared to intervene during an allergic reaction.

The Health Supervisor can assist in developing an emergency protocol designed to treat an individual with an allergic reaction. Most campers will have known allergic reactions and should have medical orders/medication orders for use in the event of an allergic reaction. These orders must be reviewed by the camp's Health Supervisor and kept easily accessible to camp staff for treatment or in an event of an emergency.

3. Should a camp keep epi pen(s) at camp for use in an emergency?

Allergic reactions to allergens such as food, insect stings, plants, or latex can be very severe. Every camp must be prepared to intervene during an emergency and have a written protocol for severe allergic reactions. The Health Supervisor should assist in developing this protocol. Decisions regarding epi pens are based on specific camp variables discussed in Section B6.

The protocol should include the number of epi pens needed, the dosage of the epi pens, the number of trained adult staff necessary at camp, and where epi pens are stored. When an epi pen is needed, the Health Supervisor must train an appropriate number of adults at camp how to administer an epi pen to meet the needs of the camper.

Depending on the camp environment, a camp may have an emergency protocol for unknown allergic reactions. If an epi pen is part of this protocol, a physician must sign the protocol as it contains a prescriptive order directing staff to administer the epi pen when a child or adult displays specific behaviors or symptoms.

When the camp includes a child or adult with a known history of a severe allergic reaction, the individual will have medical and medication orders for use in the event of an emergency, including their own epi pen prescribed by his or her physician for use at camp.

The orders must be reviewed by the Health Supervisor, kept easily accessible to staff, and the

Health Supervisor must train an appropriate number of adults at camp how to administer the epi pen.

4. Who can administer epi pens?

The RN can teach any adult counselor or volunteer how to administer an epi pen. The number of trained adults depends on variables listed in Section B6. The trained adult is not required to be a CMT or CMA.

5. When a child has asthma, must the asthma inhaler be kept secure in the medication storage area?

Whether a child's inhaler should be kept in the medication storage area, with the adult counselor, or with the child is dependent on a number of variables, e.g., age of the child, maturity of the child, or the child's ability to self-medicate. The Health Supervisor must make the determination.

When possible, it is permitted for the child to carry and use the asthma inhaler under the direct supervision of an adult. However, safeguards must be in place to assure the child always remembers to carry the asthma inhaler with him/her if the camper is responsible for it and appropriate use of the inhaler is monitored. COMAR 10.16.06 requires the supervising adult to document when a medication dose is taken. See Section C. Self-Administration of Medication.